

WISCONSIN MEDICAID
PRIOR AUTHORIZATION / EVALUATION AND TESTING ATTACHMENT (PA/ETA)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Evaluation and Testing Attachment (PA/ETA) Completion Instructions (HCF 11033A).

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Age — Recipient
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3. Recipient Medicaid Identification Number

SECTION II — PROVIDER INFORMATION

4. Name and Credentials — Performing Provider

5. Performing Provider's Medicaid Provider Number	6. Telephone Number — Performing Provider
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SECTION III — DOCUMENTATION

7. Indicate the type of evaluation being requested and why this evaluation is needed (if this was a referral, indicate who made the referral). Be specific as to how the recipient will benefit from this evaluation.

SECTION III — DOCUMENTATION (Continued)

8. Indicate the techniques or instruments that will be used to conduct the evaluation.

9. Indicate other evaluations in which the provider is aware of that have been conducted on this recipient in the past two years. Indicate why requested evaluation does not duplicate earlier evaluations.

10. SIGNATURE — Performing Provider	11. Date Signed
12. SIGNATURE — Recipient (optional)	13. Date Signed